DATENT	APPLICAT	ION FFF	DETERMINAT	TION RECORD

Effective October 1, 2000

plicat	plication or Docket Number								
09	8	40	91	6					

CLAIMS AS FILED - PART I (Column 1) (Column 2)				-	SMALL ENTITY TYPE OR		OR	OTHER THAN SMALL ENTITY				
TOTAL CLAIMS		37					RATE	FEE		RATE	FEE	
FOR NUMBER F		FILED	NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00		
ТО	TAL CHARGEA	BLE CLAIMS	3 7min	3 7minus 20= 1 7			X\$ 9=		OR	X\$18=	906	
INE	EPENDENT CL	AIMS	15 mi	nus 3 =	* 1	2		X40=		OR	X80=	960
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	1976	
	C	LAIMS AS A	MENDED	- PAR	T II						OTHER	
_	,	(Column 1) CLAIMS		(Colu		(Column 3)	1 /	SMALL		OR	SMALL	
A TN		REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	9	RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	,
AME	Independent	•	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	ULTIPLE DEI	PENDEN	T CLAIM		ا ا	+135=		OR	+270=	
-						· · ·		TOTAL		ΩD	TOTAL	· 5
		(Column 1)		/Colu	mn 2)	(Column 3)		ADDIT. FEE		١٠	ADDIT. FEE	
TB		CLAIMS REMAINING AFTER		HIGH NUM	HEST MBER OUSLY	PRESENT] [RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT		AMENDMENT			FOR	LANIA .	41	- 7	FEE			FEE
	Total	•	Minus	••		= 12		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T CL AIM	-	1 1	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	ENDEN	I CLAIM		┚╏	+135=		OR	+270= .	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)	_			•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	• •	=		X\$ 9=	-	OR	X\$18=	Ä.
	Independent	•	Minus	***		=	┦┃	X40=		OR	X80=	
	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDEN	IT CLAIM	gr .	┚┃	+135=	•	OR	+270=	
if the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE ADDIT. FEE TOTAL A												